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MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEEADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
GREGORY J LUNN WOOD HERRON AND EVANS 2700 CAREW TOWER CINCINNATI OH 45202		INVENTOR'S NAME DIXON, M City, State and ZIP Code CINCINNATI OH 45202 INVENTOR'S NAME JOHN City, State and ZIP Code CINCINNATI OH 45202 <input type="checkbox"/> Check if additional changes are on reverse side	
SERIES/CODE/SERIAL NO. 08/554,315		FILING DATE 11/08/95	
TOTAL CLAIMS (std) 005		EXAMINER AND GROUP ART UNIT 1317	
DATE MAILED 02/19/97		First Named Applicant MAHIN, JOHN JR.	

TITLE OF INVENTION
 HEAT ACTIVATED APPLIQUE ON PRESSURE SENSITIVE RELEASE PAPER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
SAF-41-111	428-202,000	171	UTILITY	YES	\$45.00	05/19/97

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	WOOD, HERRON & EVANS, L.L.P. Cincinnati, Ohio 45202

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (Print & type)		6. The following fees are enclosed	
(1) NAME OF ASSIGNEE Specialty Adhesive Film Co. (2) ADDRESS (CITY & STATE OR COUNTRY) Clevel, Ohio 45002		Issue Fee Advance Order - # of Copies Any Deficiencies in Enclosed Fees DEPOSIT ACCOUNT NUMBER 23-3000 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 2 The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) 4-14-97	